## RFF-2015-10 REQUEST FOR FUNDING ANNOUNCEMENT FOR

Evidence-Based School Social Services Program

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration *Division of Mental Health and Addiction*, *Youth Services* 

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response ("proposal") submitted hereto are to be construed as a legal offer.

#### CONFIDENTIAL INFORMATION

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

#### **COMPENSATION**

FSSA/*Division of Mental Health and Addiction* encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFF.

#### **TERMS**

Selected applicants will receive up to a 21 month Grant, with initial funding available *October 1*, 2015 to *June 30*, 2016 with a renewal option for an additional year *July 1*, 2016 to *June 30*, 2017.

#### **PROPOSALS**

Respondents interested in providing these services to FSSA/*Division of Mental Health and Addiction* should submit an electronic proposal **to**:

Christina Commons
Family and Social Services Administration
Division of Mental Health and Addiction
Youth Services
402 W. Washington Street, W353
Indianapolis, Indiana 46204

Email Address: Christina.Commons@fssa.IN.gov

#### The submission must include:

- 1. A letter of application signed by the Director or agency board president identifying the amount of funds requested.
- 2. A letter of application signed by members of the local System of Care Governance Board identifying the amount of funds requested.
- 3. Proposal
- 4. Budget
- 5. Job description for each grant position funded.
- 6. Organizational chart for overall agency with grant funded positions shown with dotted lines. (Please indicate percentage of position to be funded by grant)
- 7. Most recent audit report made in accordance with OMB circular A-133 if applicable.

Proposals must be received no later than **4:30 p.m. Eastern Time on** *September 2, 2015.* <u>Proposals received after **4:30 p.m. will not be considered.**</u> Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

## RESPONSE TO REQUEST FOR FUNDING

RFF-2015-10/Evidence-Based School Social Services Program

No more than one proposal per respondent should be submitted. In the cover letter please indicate the principal contact for the proposal along with a telephone and fax number. **All proposals must have an electronic mailing address included.** 

Any questions regarding this RFF must be submitted in electronic format to Christina Commons (Christina.Commons@fssa.in.gov) no later than **4:30 p.m. Eastern Standard Time on** <u>August 14, 2015</u>. Questions received after **4:30 p.m. may not be considered. Please utilize the following subject heading for emails regarding questions:** 

Questions: RFF-2015-10/Evidence-Based School Social Services Program Responses to all questions will be promptly prepared by Christina Commons.

All inquiries are to be directed to *Christina Commons* and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.

#### SCOPE OF WORK

The Indiana Legislature has appropriated funds for the Family and Social Services Administration through the Division of Mental Health and Addiction to maintain an evidence-based program model that partners with elementary, middle, and/or high schools to provide social services to children, parents, caregivers, teachers, and the community to prevent substance abuse, promote healthy behaviors, and maximize student success. DMHA intends to fund up to five (5) proposals that either establish or expand quality substance abuse prevention and mental health promotion services to public elementary, middle, and/or high school students, their parents or caregivers, teachers, and/or community members for up to \$100,000 per proposal per State fiscal year. Proposals must identify:

- 1. The Evidence-Based Program model(s) that will be implemented,
- 2. The services to be delivered (MUST include but are not limited to substance abuse prevention and education),
- 3. Assistance for children who are at risk of dropping out of school,
- 4. Grief counseling,
- 5. Suicide prevention,
- 6. Parenting skills,
- 7. Family communication education, and
- 8. Social skills education and development.

The prevention services that will be delivered MUST include: problem identification, program strategies, referral to community resources, post treatment care, and case management.

The respondents must use data to support the selection of the target population, identified risk or protective factors, and proposed strategies. Indiana public schools, school corporations, local education agencies (LEAs) and social services agencies are eligible to apply for these funds and must demonstrate partnerships with the local System of Care. Respondents must include a detailed plan including but not limited to: potential impact of the program (e.g. number of youth, family, teachers, etc to be effected from implementation), strategy for implementation of Evidence-Based Programming, a timeline including goals and outcomes and the entities responsible for meeting outcomes or goals, a plan for blended or braided funding and sustainability. An independent entity must be utilized to evaluate the program's effectiveness and implementation strategies. The response must include name of independent entity conducting the evaluation, description of evaluation, identification of tools that will be used and timeline for conducting the evaluation.

#### TIME FRAME:

August 3, 2015 August 14, 2015 September 2, 2015 September 11, 2015 October 1, 2015 RFF sent to potential applicants RFF questions due RFF proposals due back Notify Grantees of Awarded Funds Grant effective date

#### **Grant:**

Selected applicants will receive up to a 21 month Grant, with initial funding available *October 1*, 2015 to *June 30*, 2016 with a renewal option for an additional year *July 1*, 2016 to *June 30*, 2017.

### **Funding:**

The maximum award for this funding opportunity is *One Hundred Thousand* (\$100,000) for SFY2015 with an additional *One Hundred Thousand* (\$100,000) for SFY2016 available contingent upon the implementation of SFY2015 project activities.

#### **Target Population:**

Applicants must identify target populations as supported by data. The State desires to provide a variety of evidence-based universal, selective, and indicated prevention services. Potential target populations must include elementary, middle, and/or high school students and their parents, caregivers, teachers, and the community at varying levels of risk.

The proposal should include a clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented, including members of racial or ethnic minority groups. The applicant should ensure that participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disability.

## **Eligible Applicants:**

- 1. Any Indiana public school, school corporation or local education agency (LEA) or local social service agencies.
- 2. Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code
- 3. Be incorporated or registered in Indiana
- 4. Employ individuals who have earned a master's degree in social work to provide evidence-based programs and strategies that meet the needs of children, families, and teachers in school settings
- 5. Partner with schools, churches, and other entities to provide services to children and families
- 6. Contract with an independent evaluator to provide:
  - a. independent evaluations that measure the provider's success in reducing risk factors, improving protective factors, increasing resiliency, and decreasing the individual concerns of students
  - b. an annual report of the provider's outcomes to: the provider, office of the secretary, and the legislative council in an electronic format under IC5-14-6

#### **Funding:**

Potential respondents shall develop a budget appropriate to their organization's capabilities to deliver quality services. Submitted budget amount is subject to review by *Division of Mental Health and Addiction* and can be modified for those respondents selected to receive an award.

Division of Mental Health and Addiction will withhold ten percent (10%) of the total amount of the grant award until receipt of a final report documenting the enumerated performance objectives has been obtained.

#### **Allowable Costs:**

1. Staff costs (Salary or contracted):

If existing staff is hired for a grant position, their previous position must be filled unless you were a new program funded last year.

#### 2. Staff training costs:

Training - includes cost associated with training activities. Travel costs related to training cannot exceed the allowable state rates. Food and drink expenses are not allowable costs unless they can be covered under per diem. For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary and consistent with the established institutional/organizational/agency policy governing consultant costs.

#### 3. Staff travel costs:

Travel – Includes board/staff/consumer travel, per diem, and overnight accommodations. Travel for training must be included under Training. Travel costs cannot exceed the allowable state rates. Expenditures made by the Participant for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines. In-state lodging is not allowable within 50 miles from home or station of the employee. Exceptions may be made if it is determined that it may be dangerous or undesirable for a person to travel because of any one of a number of conditions, e.g. unsafe highway/weather conditions, or the person's physical conditions. Prior written approval by the state is required for exceptions. Out of state travel must be approved by the State prior to scheduling conferences, trainings, or other events. To access current state information regarding travel costs, fees, and per diem proceed to the following State government website: www.in.gov.idoa/2549.htm.

4. **Equipment for Program** (Non expendable personal property that has an acquisition cost of \$50.00 or more.

#### 5. Evaluation Costs

6. **Indirect costs** should not exceed 12% of the total cost of the allotted grant amount. Indirect costs are those which are necessary for the operation of the organization, but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the indirect cost pool provides a basis for assuring that these costs are <u>not</u> being charged as direct costs.

Common examples of indirect costs are:

- a. General management president, vice president, executive director, etc.
- b. General organizational expenses insurance, taxes, legal services, telephone expenses and etc.
- c. Administrative services personnel, administration, accounting, procurement, grant/contract administration, business office, etc.
- d. Operation and maintenance of facilities utilities, janitorial services, repairs, etc.
- e. Depreciation or use allowances on the buildings and equipment
- f. Fringe benefits applicable to administrative staff, and, fringe benefits applicable to project staff

Projects that target mental health promotion or substance abuse/addiction prevention are allowable. Mental health promotion, violence prevention, and family management activities will be allowed if they address risk factors related to substance abuse in the community.

#### Treatment, therapy, and recovery support activities cannot be funded under this RFF.

#### **SUPPLANTING:**

Funds under this grant announcement must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Funds cannot be used to supplant state, federal, or local funds. Each applicant must attest that the proposed activities are not supplanting current funding. The review committee may disqualify applicants who cannot adequately distinguish that they are not supplanting or blending funding streams.

#### SELECTION PROCESS AND CRITERIA

To be eligible to apply for this grant award, organizations must possess the following characteristics:

- 1. Be constituted as public educational organization or social services agency in Indiana, nonprofit and community based organization, agency or individual possessing specialized knowledge and expertise in the field of *prevention and promotion of mental health and substance abuse*.
- 2. Have a demonstrated plan targeting the unserved and underserved i.e. ethnically diverse and rural populations.

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction*. The scores of each grant applicant will be averaged into a final score. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

- 1. Each proposal will be evaluated on the basis of the categories listed below. A point score will be established for each response in each category.
- 2. Based on the results of the evaluation, the proposal determined to be most advantageous to the Target Population, taking into account all of the evaluation factors, may be selected by the State for further action.

Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner. Specific criteria are:

#### 1. **Eligibility** (15 points)

All eligibility criteria as outlined above must be met. Applicants not meeting all criteria will not be considered for award. Applicants must provide letters of support from all schools identified for programming, and the local System of Care governance board.

#### 2. Extent of the need for the project and Plan of Operation (30 points)

The following standards will be considered when evaluating this criterion.

- a. The needs addressed by the project and detail in which those needs will be met
- b. How the applicant identified those needs
- c. How those needs will be met by the project
- d. The benefits to be gained by meeting those needs

- e. Serving previously unserved or marginally served counties in the state
- f. The number of persons in need of this service
- g. The quality of the design of the project
- h. How the project will ensure participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disability.
- i. A clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented, including members of racial or ethnic minority groups.

#### 3. Applicant Experience and Quality of Key Personnel (10 points)

The following standards will be considered when evaluating this criterion.

- a. Experience in providing prevention and promotion services for elementary, middle, and/or high school students, parents and/or caregivers, teachers, and community members.
- b. Qualifications of the project director
- c. Qualifications of each of the management and decision-making personnel to be used on the project.
- d. The amount of or percentage of time key personnel will commit to the project
- e. Experience and training in fields related to the scope of the project.

#### 4. **Budget and cost effectiveness** (15 points)

The following standards will be considered when evaluating this criterion.

- a. The budget is adequate to support the project
- b. Costs are reasonable in relation to the objectives of the project

## 5. **Evaluation Plan** (10 points)

The following standards will be considered when evaluating this criterion.

- a. Includes a plan to review and analyze data related to goals/outcomes
- b. Identifies independent entity to complete the evaluation

#### 6. **Service Comprehensiveness** (10 points)

The following standards will be considered when evaluating this criterion.

- a. The proposed outreach activities that promote maximum participation of the target population within the geographic area served by the project
- b. The proposal serves unserved or marginally served counties and unserved, underserved <u>and</u> racial or ethnic minority groups.

#### 7. **Likelihood of sustaining the program** (10 points)

The following standards will be considered when evaluating this criterion.

- a. Likelihood that the service program will be sustained after the completion of the grant assistance
- b. Extent to which to the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.
- c. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the proposal in a cost-effective manner.

## Attachment A Form of Proposal

- 1. Extent of need for the project and Plan of Operation
- 2. Applicant Experience and Quality of Key Personnel
- 3. Budget and cost effectiveness
- 4. Evaluation plan

Respondents should be capable of demonstrating how they will evaluate their services such as mailing satisfaction surveys, direct phone surveys, or one on one surveys. The respondent should indicate how the survey will be independently administered to avoid skewed results. Indicate other strategies for measuring outcomes and goals of the project.

5. Adequacy of resources

Respondent will indicate what resources can be established to ensure the project will be successful such as other community resources, third party funding participation, organizational leadership, etc.

- 6. Service Comprehensiveness
- 7. Likelihood of sustaining the program

Provide a detailed plan of the project continuing to serve the target population should funding be reduced or terminated. Name organizations or entities where cooperative agreements or other formal arrangements have been made to continue serving the targeted population. Provide information on current organizational budgets, grants, or third party pay dedicated to serving this population.

# ATTACHMENT B RESPONDENT INFORMATION

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO SERVED:
9) TAXPAYER IDENTIFICATION NUMBER <sup>1</sup> :
10) DUNS Number:
11) Congressional District:
RESPONDENT FACILITY INFORMATION
1) Type of Facility:
Private –
Non-Profit ()
Other ()
2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE:
To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.
SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

<sup>&</sup>lt;sup>1</sup> Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.

# **ATTACHMENT C Budget Summary**

espondent Name:	
	Twelve Month Figures (100%)
	AMOUNT REQUESTED
Personnel	
1) Staff Salaries	
2) Staff Fringes	
Non-Personnel	
3) Staff Travel	
4) Staff Training	
5) Equipment	
6) Participant Travel	
7) Other	
************	**********
Total Project Costs (100%) (1+2+3+4+5+6+7)	

State will provide reimbursement for 100% of cost.

## Personnel Budget Staffing Detail Sheet

Staff Position *	(100%) Salary (a)	(100%) Fringe Benefits (b)**	% of Time on Project (c)	Total Amount of Salary Requested (a x c)	Total Amount of Benefits Requested (b x c)
TOTAL					

## Salary and fringes are to be shown as 12 month figures

\* Include Job Description for each staff position

Respondent Name:

- SALARIES: Show title, salary, and time commitment for all staff positions under this project. Staff positions must be new positions. If existing staff are hired for these positions, their previous positions must be filled by a new staff position.
- \*\* Include detail of Fringe Benefit amounts

FRINGE BENEFITS: Include contributions for Social Security, employee insurance, pension plans, etc.

## Non-Personnel Budget Travel Detail Sheet

Respondent Name:

Item Description	Estimated Cost (100%)
Total	

\* TRAVEL includes travel related to grant staff travel for client services and can include travel, per diem, and overnight accommodations.

Reimbursement for travel cannot exceed the allowable state reimbursement rates for travel, per diem and overnight accommodations.

Travel related to staff training must be included under Training.

NOTE: Use additional sheets as needed. (Number each additional page.)

## Non-Personnel Budget Training Detail Sheet

Respondent name:		
	Item Description	

Item Description	Estimated Cost (100%)
Total	

NOTE: Use additional sheets as needed. (Number each additional page.)

Identify each training activity and persons involved. Reimbursement for travel, per diem and overnight accommodations cannot exceed the allowable state reimbursement rate (see enclosed). Food and drink expenses are not an allowable cost unless they can be covered under per diem.

For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary, and consistent with the established institutional/organizational/agency policy governing consultant costs.

## Non-Personnel Budget Equipment Detail Sheet

Respondent name:					
Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
	TOTAL				

List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

## NARRATIVE JUSTIFICATION FOR EQUIPMENT:

Submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

## Non-Personnel Budget Participant Travel

Respondent Name:
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Item Description	Estimated Cost (100%)
Total	

## Non-Personnel Budget Other

Respondent name:	

Item Description	Estimated Cost (100%)
Total	
Total	